

CLAIMS ONLY

Application Number

Filing Date

101773, 187

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend					
1	1										
2											
3											
4		1									
5											
6		1									
7		1									
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45		1									
46		1									
47		1									
48		1									
49		1									
50		1									
Total Indep											
Total Depend.											
Total Claims											

3
45
48